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ST. GERMANS RURAL DISTRICT COUNCIL

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# ANNUAL REPORT

OF THE

MEDICAL OFFICER OF HEALTH

FOR THE YEAR

1956



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P. J. FOX, M.B., B.Ch., B.A.O., D.P.H.





The Chairman and Members of the Council  
of the Rural District of St.Germans.

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Mr.Chairman, Ladies and Gentlemen,

During the year 1956 the estimated total population of the Health Area fell by 610. This fall was mainly due to a reduction in the population of the Torpoint Urban District from 6,210 to 5,680, due probably to some reduction in the numbers of Royal Navy personnel in the district. There were also small decreases in population in St.Germans Rural District, Liskeard Rural District and Liskeard Municipal Borough, and small increases in Saltash Municipal Borough and Looe Urban District. With 696 live births there was an excess of births over deaths of 44. The corrected birth rate for the Area at 15.1 was slightly below the national rate of 15.7 per 1,000 of population. The highest birth rate recorded was in the Liskeard Rural District at 16.4 per 1,000, the lowest being in the Looe Urban District where it was 13.1 per 1,000. The still birth rate for the Area was 19.7 per 1,000 total births, as compared with a rate of 23.0 for England and Wales.

Deaths in the Area during the year totalled 652, a reduction of 28 on last years figure, and the lowest so far recorded since I commenced the collection of statistics for the Area in 1948. The average age at death - 68 years for males, and 73 years for females was substantially the same as in 1955, and approaches very closely the figures given in recent Life Tables by the Registrar General. Of those who died during the year, 307 or 47% of the total had reached the age of 75 years or over at the time of death. Once more the group of diseases affecting the heart took the heaviest toll of life causing 255 deaths, and accounting for just over twice as many deaths as those attributed to all forms of cancer which again lies second in order of prevalence as a cause of death. In 1956 cancer of the lung, and the windpipe has for the first time become the most numerous form of defined cancer causing death in No. 7 Health Area, and was responsible for 22 deaths. Other points of interest in the death returns are the increase in the number of suicide deaths which totalled 10, and the fact that "other accidents", many of which concerned old persons and occurred in the home, caused 8 deaths as compared with the more publicised type of accident involving motor vehicles which was responsible for 2 deaths only.

It is appropriate at this stage to make some further reference to cancer of the lung, and bronchus (windpipe) which has in recent years been taking an increasing toll of life, and had in consequence received a great deal of publicity, and has provoked much correspondence from statisticians, scientific, and medical workers, and non-specialised people in all walks of life. The main, and rather grim fact of this situation - that lung cancer mortality has greatly increased in the past 25 years - is nowhere in dispute, but there is as yet no agreement on the cause, or causes of this 20th century plague. As a measure of the increase in the disease the rise in the number of deaths from this cause in the country as a whole from 2,286 in 1931 to 17,271 in 1955 is tragically clear, and in this Area there has been a noticeable, and steady increase in the disease over the past seven years from 7 deaths in 1950 to 22 deaths in 1956. In 1950 medical and statistical research workers in this country, and in America suggested that there was a strong link between the incidence of lung cancer, and the consumption of tobacco. Furthermore it appeared that the way in which the tobacco was consumed had a considerable effect on the risk of provoking cancer of the lung, with the cigarets in the role of the villain of the piece. In October 1951 two British medical research workers with the help and co-operation of the medical profession, Government departments, and the British Medical Association commenced an enquiry into the smoking habits of some 40,700 doctors. These doctors were then followed through until March 1956 - a period of four years and five months - and the mortality they had suffered during this period from lung cancer was examined in relation to their smoking habits in October 1951 as shown in a questionnaire completed by them at that time. The result of this interesting, and relatively large-scale enquiry showed a steady gradient of incidence of death from lung cancer with increasing amounts of tobacco smoked. The standardized death rates per 1,000 were: non-smokers 0.07; light smokers 0.47; moderate smokers 0.86; and heavy smokers 1.66 - or in other words the death rate for lung cancer is for heavy smokers (25 cigarettes or more per day) twenty times that of the rate for non-smokers. The enquiry also confirmed a lower incidence of lung cancer in pipe, and cigar smokers, showed a diminished liability to it in those smokers who had given up the habit, and showed a trend of increased mortality from chronic bronchitis, coronary thrombosis, pulmonary tuberculosis, and peptic ulcers amongst



those who smoked. There is no doubt that this investigation did much to strengthen the position of those who have been trying to bring before the public the dangerous nature of the smoking habit. In commenting on the findings of this enquiry the editor of the British Medical Journal has written: "The new evidence now published makes it more than ever imperative for all concerned to see that the public is repeatedly informed of the possible dangers to health, and life from smoking cigarettes". In spite of such clear warnings, and the publicity given to the matter in all sections of the popular press, the general mass of the public do not appear willing to abandon, or even moderate their appetite for tobacco. Indeed their jocular reference to the cigarette as a "cancer stick" suggests that in full knowledge of the possible consequences, they do not take the matter very seriously. It is of course a fact that no national publicity campaign drawing the attention of the public, and particularly adolescents, and young adults to the hazards of smoking has yet been undertaken. Whilst this may be due in part to the reluctance of the Government to accept conclusions which they, and their advisers do not yet consider fully proven, they must also have in mind the loss of Excise duty, and the probability of unemployment amongst tobacco workers which would inevitably follow the success of any campaign against the smoking habit. Even if such a national Government sponsored campaign were launched there is considerable doubt as to whether it would be a real success. There is a growing view that the tobacco habit is something more than a harmless social custom. On the contrary it bears many of the marks of a drug addiction - in this case to the drug nicotine, and other chemicals which are released, and absorbed when tobacco is smoked. Those of us who have witnessed the efforts of our friends, and acquaintances to stop smoking will have observed the intense, almost pathological craving, coupled with an irritability which makes the previously placid smoker difficult to live with and work with. I have more than a little sympathy with the moderate or heavy smoker, long confirmed in his habit, who tries to give it up, and I do not feel that any campaign aimed at him is going to meet with success. Our efforts must be directed mainly at those adolescents, and young adults who have not yet acquired what is after all, an unnecessary, expensive, and probably dangerous habit.

There was a welcome reduction in the number of deaths of infants under one year of age during the year, when 11 such deaths were registered. This is a reduction of 5 deaths on the 1955 total, and is the lowest figure so far recorded, the previous best being 13 deaths in 1954. The 1956 infant mortality rate for the Area was 15.8 per 1,000 live births, as compared with the national rate of 23.8. The highest rates in the Area were at Liskeard M.B. and Saltash M.B. whilst in Torpoint U.D. and Looe U.D. there were no infant deaths. Of the 11 deaths, no less than 8 were of infants under four weeks of age. In these 8 infants dying in the first hazardous days after births the cause in 75% of the cases was prematurity. Whilst some of the premature births would have been difficult or perhaps impossible to prevent, some at least might have been prevented by better ante-natal care of the expectant mother. In this connection it is worth remembering that whatever the National Health Service may offer through the family doctor, the midwife, and the ante-natal clinic, the co-operation, and understanding of the expectant mother is very important if the desired result - a normal birth at full-term is to be achieved. Pregnancy is in the great majority of cases a normal physiological process which ends in the birth of a healthy baby, but since in a small proportion of cases complications, and abnormalities do arise, it is never wise to take things altogether for granted. The observance of some simple, and not particularly irksome rules about diet, rest, and relaxation, and clothing will do much to prevent the onset those difficulties which once established, and allowed to continue may result in stillbirth, or premature birth. In this Health Area, largely rural in character, the ante-natal clinic operating in one of the larger centres of population did not prove successful, and the provision of ante-natal care, and advice must therefore rest with the family doctor, and the district nurse/midwife.

For many years maternal mortality has been very much less of a problem than infant mortality, and it is now uncommon to find women dying as the result of childbirth. In the Health Area there was only one such death last year, and even this is above the average for the preceding five years in which three such deaths only occurred.

During the year 1956 the incidence of infectious disease, other than tuberculosis, was below average. The total number of cases notified was 480 as compared with an average of just over 900 for the six years immediately preceding. The most prevalent diseases in numerical order were measles with 241 cases,



whooping cough with 111 cases, pneumonia with 70 cases, and erysipelas with 21 cases. Of the more serious infectious diseases there were 3 cases of poliomyelitis, 3 of encephalitis, and 1 of meningitis. None of these or indeed of the more common infectious diseases had a fatal outcome, and the 3 cases of poliomyelitis were of the non-paralytic variety. One of these was a summer visitor to Looe who was already suffering from the disease when she left her home in Manchester to travel to Cornwall.

In the early months of the year the parents of some 5,800 children born in the years 1947 to 1954 inclusive were written to, and asked to signify whether they wished to have their children registered for immunisation with a new British poliomyelitis vaccine which it was hoped would soon be available in limited quantities. Parents of 1,564 of these children agreed to register them - an acceptance rate of 27%. Subsequently in May and June with the limited supply of vaccine provided, 178 children selected according to a plan given by the Ministry of Health were vaccinated without incident. It is not possible to express any useful opinion yet on the efficacy of this vaccine especially as the incidence of poliomyelitis in the country was relatively light during the summer, and autumn months of 1956, and children were therefore not exposed to a great deal of this infection. The acid test of this or any other vaccine against poliomyelitis will be its ability to protect vaccinated children in the face of moderate or heavy infection in their environment. We all fervently hope that this new measure against poliomyelitis will prove effective, as up to date all other measures tried have proved unreliable, and of little value.

Although the total incidence of new cases of tuberculosis during 1956 was below that of the previous year, the reduction occurred wholly in non-respiratory disease, the incidence of respiratory disease remaining at 28 cases as in 1955. One case only of non-respiratory tuberculosis was notified during 1956, and this is by far the lowest figure recorded for this disease since the Health Area was formed in 1948. Since most non-respiratory infections are due to the bovine type of tubercle bacillus, we have good reason to hope that as tuberculous cattle are eliminated from dairy herds this disabling and disfiguring disease once so common amongst children, and adolescents will largely disappear. Unfortunately the prospect for the more common form of tuberculosis - that which affects the lungs - is not nearly so bright. Respiratory tuberculosis has always been the more prevalent type of the disease, and since the human being is the reservoir of infection it is understandably much more difficult, to discover and control human sources of infection. Amongst those who give time and thought to the problem there is a growing belief that the largest part of the reservoir of infection lies in the older age-groups of the community i.e. from 45 years upwards. Many such people suffer from long-standing chest complaints - usually labelled as chronic bronchitis - which may mask the presence of tuberculous infection, or may through their chronic debilitating effect on the lung tissues, predispose to the lighting up of an old, and apparently healed focus of tuberculous infection, dating back perhaps to adolescent, or early adult life. In this connection it is worth reporting the result recently published of an investigation into a possible association between smoking, and respiratory tuberculosis. This showed that in both sexes patients of over 30 years of age with respiratory tuberculosis showed a highly significant deficiency of non-smokers, and light smokers, and an excess of moderate and heavy smokers when compared with control cases not suffering from tuberculosis. This suggests that smoking may be an important cause of the breakdown of healed, and quiescent respiratory tuberculosis in adults, especially those past middle age who have been smoking for many years. Whatever the cause or causes of respiratory tuberculous infection in middle-aged and elderly persons, it is generally difficult to persuade such persons of the desirability or necessity of having their chest condition properly investigated to exclude diseases such as tuberculosis, and cancer which are becoming more common in the later decades of life. The popular conception of tuberculosis is of a disease which affects adolescents and young adults, and it therefore is not surprising to find difficulty in convincing older persons of their liability to suffer from it, and of the necessity to under go X-ray examinations, and sputum tests when their chest condition is not normal. It is a common experience to find when checking up on the contacts of newly discovered cases, that middle-aged or elderly relatives and friends of the patient who have had contact with him, are either reluctant, or refuse outright to have themselves investigated at the Chest Clinic. The fallacy of this outlook is illustrated by reference to the figures for new cases of respiratory tuberculosis notified during the three years 1954 - 1956 inclusive. Of the total of 81 such cases in the Health Area, no less than 32 were in the 45 - 65 year age group, and 9 were in the over 65 year age group. Thus just over 50% of the new



cases notified in these three years were in middle aged, and elderly persons, and 6 of these were aged 70 years and over. I hope that figures such as these will help to dispel any notion that respiratory tuberculosis is mainly a disease of the young, and will perhaps help to persuade those past middle age to co-operate more readily with those of us who are trying to eradicate this disease. They owe it not only to themselves so that if required they may be given treatment, but also to those with whom they associate, and whom they may unknowingly infect with tuberculosis.

The most striking feature of the years since 1946 has been the steady fall in the mortality from tuberculosis. Thus in 1948 when the No.7 Health Area was constituted the number of deaths from this disease was 13, and this figure rose to 21 two years later in 1950. Since then it has shown a progressive and welcome reduction until in 1956 it reached the record low figure of 1 death only. The principal credit for this happy state of affairs must go to the new highly effective range of drugs which are now available for the treatment of tuberculosis. Not only do they arrest the progress of the disease but they also shorten the duration of treatment under hospital conditions, and therefore allow a more rapid turnover of sanatorium beds. This in turn means that new patients can be more readily accepted for sanatorium treatment, and the great bugbear of the immediate post-war tuberculosis situation - the long wait for a bed in a sanatorium - has virtually disappeared. Since the prompt isolation and adequate treatment of the newly discovered case is an important factor in limiting the spread of tuberculosis one may reasonably hope, and expect that improved methods of treating the disease will eventually bring about some reduction in the number of persons newly infected. We may also hope that this more effective treatment of tuberculosis will encourage cases to seek early advice, and to persevere with treatment to a greater extent than in those not-so-distant times when the outlook in tuberculosis was so much more gloomy.

Some few years ago the Medical Research Council commenced a large-scale investigation into the use of B.C.G. vaccine in preventing tuberculous infection in adolescents. In February 1956 the first progress report was published. This showed that B.C.G. vaccination did confer a substantial degree of protection in adolescents, and it appeared that vaccination reduced the chances of contracting tuberculosis by about 80% or to put it in another way, of every five cases of tuberculosis appearing in unvaccinated adolescents, four might have been prevented by B.C.G. vaccination. The County Medical Officer has since 1954 operated a scheme for giving B.C.G. vaccine to adolescents in the school-leaving age group who after appropriate tests were found to need it. The response of parents to this scheme has on the whole been very good, and by the time the last series of testing, and vaccination sessions were held in November 1956 a total of 1,658 school-leavers had been vaccinated in No.7 Health Area.

The welfare of old persons continued to cause some anxiety during the year. The difficulties of dealing with old people arises not so much from shortage of suitable welfare, and hospital accommodation - although during the winter these are only just adequate - as to the reluctance, or outright refusal of some of them to agree to move into an institution or hospital where they can be cared for. No doubt much of their obstinacy stems from a natural sense of independence commoner in a generation which grew up and formed its values before the advent of the Welfare State, whilst in many of the dulling of their critical faculties by advancing years makes them unable, and unwilling to appreciate the deterioration which has taken place in their personal standards of living, of cleanliness and of their conduct towards the rest of the community in which they live. In fairness to the general body of elderly people I must make it clear that the old persons referred to above are in the minority. The great majority of old persons live under reasonable conditions in their own homes, with relatives, or in eventide home or institutions, and cause little or no concern to anyone. On the other hand the few recalcitrant, and unreasonable characters which do exist, can cause trouble, and anxiety to their neighbours, and to the welfare services out of all relation to their actual numbers. I am aware that powers exist under which such cases can be taken before the local Court of Summary Jurisdiction, but I am very reluctant to recommend District Councils to take this course of action, and they are understandably equally reluctant to authorise the taking of such action. Apart from the possibility that the Court may have to deprive the old person of his liberty, he is in any event exposed to the publicity which almost inevitably accompanies the taking of the case before the Bench. In this latter connection I feel that such cases might be more expeditiously, and humanely dealt with if the procedure used for mentally ill people - the consideration of the case out of



Court by one or two Justices - were adopted, particularly as some of the cases concerned display eccentricities of behaviour, and confusion of thought, which if not calling for action under mental health legislation do suggest some deterioration in mental faculties.

In spite of the various difficulties encountered in this field during the year, it was not found necessary to take action under the National Assistance Act, 1948, to seek the compulsory removal of any old person to an institution or a hospital.

The Food Hygiene Regulations 1955, which were laid before Parliament in December 1955, came into operation on 1st January 1956. There was some feeling of disappointment amongst public health workers that the new regulations did not give all the powers that seemed necessary to secure, and maintain good standards in this important aspect of their work. In addition it was not very long before certain ambiguities, and difficulties of interpretation of parts of the regulations became evident which are likely to reduce the effectiveness of these regulations. Another source of disappointment was the failure of the regulations to provide for compulsory registration of food premises with the Local Authority, in this case the County District Council. As long ago as 1951 when the Report of the Catering Trade Working Party was published, the Local Authority and Public Health representatives on the Working Party urged that catering establishments should after adequate inspection, and providing they came up to an agreed standard, be registered. On the other hand the Catering Trade representatives pressed for registration "as of right". Although the two parties did not agree about the way in which registration should be effected, both appeared to consider that it was desirable. It is therefore surprising to find that when the long-awaited new regulations did appear, there was no reference to any type of registration, even for catering establishments in which mediocre, or poor standards of premises, and equipment make it difficult for reasonable standards of food hygiene to be maintained. There are in this Area catering establishments where because of the limited space available, both inside, and around the buildings rooms for storage, and preparation of food are inadequate in size, and badly ventilated, and garbage and waste food bins have to be stored in the same room in which food is prepared, cooked and served. As the law stands at the moment there is little the Local Authority can do to ensure such premises are used to the best advantage of the public who use them, and have the right to expect that the food prepared in them will be hygienically handled, wholesome, and free from infection. In spite of the defects in the regulations which I have referred to, they do represent an improvement on the provisions of the Food and Drugs Act, 1938, and it has been possible by recourse to them to secure better conditions in the great majority of premises in which food is handled, prepared, and sold. In general owners and managers of food businesses have been helpful, and co-operative in carrying out alterations, additions, and works necessary to bring their premises up to the required standard.

During 1956, in spite of the great influx of holidaymakers into the Area, with the resultant large expansion in the catering trade, four cases only of food poisoning were notified. These were amongst visitors who were moving about a good deal, and there was no indication as to where the infection was contracted. I have in previous years written of the importance of maintaining good standards in the holiday catering industry, which is after all one of Cornwall's principal sources of employment, and income. At the risk of appearing tedious or repetitive I should again like to draw the attention of all concerned in this trade to the necessity of continuing to maintain the highest possible standards in spite of the difficulties which I know they have to contend with in a trade which because of its seasonal nature has to employ considerable numbers of semi-skilled, and unskilled workers.

The main activity in the field of water supply has again been in the vicinity of Liskeard where work on the new intake main from the River Fowey to St.Cleer, and on the new treatment plant and storage reservoirs on St.Cleer Downs for the Liskeard and District Water Board continued, and made good progress. Whilst the Water Board was undertaking this work, the Liskeard Rural District Council proceeded with a comprehensive scheme of laying water mains in the southern, and south-western parts of the Rural District. These mains will be ready to function as soon as the bulk supply of treated water becomes available at the Water Board's new works on St.Cleer Downs - probably in the early autumn of 1957. This new supply when it becomes available will prove a great boon to farms, and private



dwelling which up to now have been dependent on local sources liable to failure in dry spells, and of doubtful purity. Towards the end of the year notification was received of the proposal to hold an enquiry into a further section of the scheme to bring piped water to that part of the Rural District lying to the north and north-east of the main works at St.Cleer. In parts of the Area other than the Liskeard Rural District supplies of water were generally adequate and of good quality, and apart from minor problems of distribution, no real difficulties arose. During the latter part of the year discussions between the South East Cornwall Water Board, and the Liskeard and District Water Board with a view to examining and integrating policy on water supply in this part of the County were initiated. I sincerely hope that these discussions will lead to the most efficient use of available sources of supply, and to the widest possible distribution of pure piped water in South-East Cornwall.

Apart from repairs and improvements to existing local sewage disposal scheme, the only noticeable activity in this field was the completion of the second and final stage of the scheme to serve the large village of St.Germans. The large-scale scheme for the town of Callington, submitted to the appropriate Ministry at the end of 1955, was finally approved in November 1956 and there is now every reason to hope that a start on actual constructional work will be made in the early summer of 1957. In the Liskeard Rural District schemes to deal with sewage in five villages were examined and approved in principle by the Ministry as long ago as 1953/54 are still awaiting permission for work to commence on them. Enquiries into ways and means of dealing with sewage disposal in the Borough of Liskeard continued and it appears that it may soon be possible to prepare a final scheme to deal with the large-scale and increasing nuisance caused by the discharge of crude sewage into the East Looe river.

In concluding this general preface to my Annual Report for 1956 I should again like to express my gratitude for the help and ready co-operation I have at all times received from the various Officers of the District Councils I serve and particularly the Public Health Inspectors with whom I have worked in the closest harmony throughout the year. I should also like to thank the Members of the Councils for the support and encouragement I have had during the year and without which it would have been difficult if not impossible to carry out my duties and obligations to the Public Health Service.

I have the honour to be,

Mr.Chairman, Ladies & Gentlemen,

Your obedient Servant,

P. J. FOX.

Medical Officer of Health.



ST. GERMANS RURAL DISTRICT.

Public Health, Housing and Planning Committee.

Councillor F.Elworthy - Chairman

Councillor W.Rundle - Vice-Chairman

together with all the remaining Members of the  
Council.

This Committee meets once a month.

Public Health Officers of the Authority.

P.J.Fox, M.B.,B.Ch.,B.A.O.,D.P.H., -  
Medical Officer of Health.

W.E.Grylls, M.R.S.H. -  
Chief Public Health Inspector.

R.L.Williams, M.R.S.H. -  
Public Health Inspector.

H. Ridge, M.R.S.H. -  
Public Health Inspector.



ST. GERMANS RURAL DISTRICT

Area of Rural District	48,433 acres.
Population (Registrar-Generals Estimate)	15,820
Number of Inhabited Houses	5,776
Rateable Value of Rural District at 1.4.56.	£ 127,548
Product of Penny Rate 1956/57.	£ 503. 14s. -d.

Vital Statistics for 1956.

	<u>Male</u>	<u>Female</u>	<u>Total</u>
Live births	105	105	210
	<u>St.Germans R.D.</u>	<u>Health Area No.7.</u>	<u>England &amp; Wales.</u>
Birth rate per 1,000 of population	15.7	15.1	15.7
	<u>Male</u>	<u>Female</u>	<u>Total</u>
Still births	4	1	5
	<u>St.Germans R.D.</u>	<u>Health Area No.7.</u>	<u>England &amp; Wales.</u>
Still birth rate per 1,000 of total births	23.3	19.7	23.0
	<u>Male</u>	<u>Female</u>	<u>Total</u>
Deaths	127	87	214
	<u>St.Germans R.D.</u>	<u>Health Area No.7.</u>	<u>England &amp; Wales.</u>
Death rate per 1,000 of population	12.2	11.3	11.7
Maternal deaths	1 death registered.		
	<u>St.Germans R.D.</u>	<u>Health Area No.7.</u>	<u>England &amp; Wales.</u>
Maternal mortality rate per 1,000 total births	4.65	1.41	0.56
	<u>Male</u>	<u>Female</u>	<u>Total</u>
Deaths of infants under one year of age	2	1	3
	<u>St.Germans R.D.</u>	<u>Health Area No.7.</u>	<u>England &amp; Wales.</u>
Infant mortality rate per 1,000 live births	14.3	15.8	23.8

Principal Causes of Death at All Ages.

Heart disease	71
Cancer (all sites)	40
Vascular lesions of the nervous system ("stroke")	27
Respiratory disease	17
Circulatory disease	12
Genito-urinary disease	5
Digestive disease	4
Suicide	4
Accidents (other than with motor vehicles)	4

Average Age at Death

<u>Male</u>	<u>Female</u>
66	72



The estimated population of the Rural District fell slightly - by 40 - during 1956. The birth rate was identical with that of England and Wales and was fractionally above the rate for the Health Area, but deaths exceeded live births by 4. The death rate at 12.2 per 1,000 was higher than the death rate in England and Wales and in the Health Area. The most frequent cause of death was again heart disease, and there was a sharp increase in the prevalence of cancer which was responsible for 40 deaths. This increase in cancer was not confined to any of the commoner types of cancer such as that affecting the lungs, stomach, but occurred amongst a miscellaneous group of "other cancers" affecting several systems of the human body. The average age at death fell slightly for both males and females. Of those dying 45% had attained the age of 75 years or over at the time of death. In the case of the one maternal death registered the interval between the maternal condition causing death and the actual death was stated to exceed 12 months and in that respect the connection with the actual circumstances of the confinement was somewhat remote. The infant mortality rate during 1956 was commendably low.

### Infectious Disease.

During 1956 the incidence of infectious disease in the Rural District was light, 63 cases only being notified. The most prevalent disease was whooping cough of which there were 24 cases. There were two cases of poliomyelitis affecting two brothers under the age of 5 years, and both fortunately of the non-paralytic variety. There were no deaths from infectious disease during the year.

The following are details of actual numbers, and case rates of infectious disease notified during 1956 :-

<u>Disease</u>	<u>Actual Cases.</u>	<u>Rates per 1,000 of population</u>	
		<u>St.Germans R.D.</u>	<u>Health Area No.7.</u>
Whooping cough	24	1.52	2.18
Measles	15	0.95	4.72
Pneumonia	13	0.82	1.37
Scarlet fever	4	0.25	0.31
Erysipelas	3	0.19	0.41
Non-paralytic poliomyelitis	2	0.13	0.06
Encephalitis	1	0.06	0.06

### Tuberculosis.

The year 1956 was a good one as far as tuberculosis was concerned. Four cases, all of respiratory infection, were notified during the year. There were no deaths from tuberculosis.

The following are details of new cases, and case rates during 1956 :-

<u>Age Group</u>	<u>New Cases</u>		<u>Deaths</u>	
	<u>M</u>	<u>F</u>	<u>M</u>	<u>F</u>
0 - 1	-	-		
1 - 5	-	-	None registered	
5 - 15	-	-		
15 - 45	1	1		
45 - 65	1	1		
65 and over	-	-		
Totals	<u>2</u>	<u>2</u>	<u>-</u>	<u>-</u>

	<u>Rates per 1,000 of population</u>	
	<u>St.Germand R.D.</u>	<u>Health Area No.7.</u>
New cases	0.25	0.57
All known cases	6.83	7.08
Deaths	-	0.02

At the end of the year there were 91 known cases of respiratory tuberculosis, and 17 known cases of non-respiratory tuberculosis resident in the Rural District.



National Assistance Act, 1948.

No action under Section 47 of this Act was called for during the year.

Water Supply.

Although the demand for water continues to increase it was possible to meet all requests for new or increased supplies of mains water. It seems likely that in the not too distant future additional supplies of water for use in the Rural District will become available from source on the River Fowey now being developed by the Liskeard and District Water Board.

Sewerage and Sewage Disposal.

As Mr.Grylls observes in his report it was most disappointing to have the approval of the Callington scheme delayed until November. It does however seem that we can confidently expect work to commence on this large and badly needed scheme during the first half of 1957. It is important that this scheme should be put in hand, and completed as soon as possible not only to abate the large-scale nuisance in the neighbourhood of Callington, but also to allow preliminary work on other schemes to be put in hand. To quote one example there is a fairly pressing need for a proper means of sewage disposal in the village of Landrake, but for administrative and financial reasons little can be done on such schemes until work on the large scheme at Callington is substantially complete.

Meat, Milk and Other Foods.

Generally speaking the standard of cleanliness in premises in which food is handled was satisfactory. Quite an appreciable amount of the Public Health Inspectors time was given to the inspection of meat at the three slaughterhouses which functioned in the Rural District during the year, where some 2,126 carcasses had to be inspected.

Food Poisoning.

No cases of food poisoning were notified during the year.

Clean Food Campaigns.

No campaigns were held during the year.

Factories Acts 1937 and 1948.

No difficulties in the operation of these Acts were experienced during 1956.

Report of Chief Public Health Inspector.

The report by Mr.W.E.Grylls the Chief Public Health Inspector follows. I should like to express my sincere thanks to Mr.Grylls, Mr.Williams and Mr.Ridge for the co-operation shown and the assistance given to me throughout the year.



APPENDIX 1.

PRINCIPAL CAUSES OF DEATH - ALL AGES - 1956.

DISEASE	ST.GERMANS	LISKEARD	SALTASH	TORPOINT	LISKEARD	LOOE	HEALTH
	R.D.	R.D.	M.B.	U.D.	M.B.	U.D.	AREA NO.7
Heart disease	71	62	34	17	50	21	255
Cancer(all sites)	40	29	22	8	13	13	125
Vascular lesions of the nervous system(stroke)	27	19	10	5	9	3	73
Respiratory disease	17	6	15	2	10	-	50
Circulatory disease	12	6	6	1	4	2	31
Genito-urinary disease	5	3	4	1	1	-	14
Digestive disease	4	6	1	1	1	-	13
Suicide	4	4	1	-	-	1	10
Other accidents	4	2	-	-	2	-	8
Motor vehicle accidents	1	-	1	-	-	-	2

APPENDIX 2.

TYPES OF HEART DISEASE AND CANCER CAUSING DEATH - 1956.

TYPE OF DISEASE	ST.GERMANS	LISKEARD	SALTASH	TORPOINT	LISKEARD	LOOE	HEALTH
	R.D.	R.D.	M.B.	U.D.	M.B.	U.D.	AREA NO.7
Coronary disease,angina	26	19	14	11	9	7	86
Hypertension with heart disease	8	6	-	1	2	2	19
Other heart disease	37	37	20	5	39	12	150
Cancer of lung & bronchus	3	10	1	2	-	6	22
Cancer of stomach	8	2	2	1	5	2	20
Cancer of breast	6	2	2	-	2	-	12
Cancer of uterus	1	1	2	-	2	1	7
Other cancers	22	14	15	5	4	4	64

APPENDIX 3.

DEATHS BY AGE GROUPS - 1956.

DISTRICT	0 - 5	5 - 15	15 - 45	45 - 65	65 - 75	75 YEARS	ALL AGES
	YEARS	YEARS	YEARS	YEARS	YEARS	AND OVER	
ST.GERMANS R.D.	3	2	12	45	56	96	214
LISKEARD R.D.	5	-	5	30	43	70	153
SALTASH M.B.	4	2	3	20	32	50	111
TORPOINT U.D.	1	1	1	9	10	17	39
LISKEARD M.B.	2	1	2	14	20	52	91
LOOE U.D.	-	-	3	6	13	22	44
HEALTH AREA NO.7.	15	6	26	124	174	307	652

APPENDIX 4.

AVERAGE AGE AT DEATH - 1956.

DISTRICT	MALES	FEMALES
ST.GERMANS R.D.	66	72
LISKEARD R.D.	69	71
SALTASH M.B.	69	69
TORPOINT U.D.	64	71
LISKEARD M.B.	73	73
LOOE U.D.	68	80
HEALTH AREA NO.7	68	73



APPENDIX 5.

TUBERCULOSIS

NEW CASES AND DEATHS IN HEALTH AREA NO.7 - 1956.

<u>AGE GROUP</u>	<u>NEW CASES</u>		<u>DEATHS</u>	
	<u>M</u>	<u>F</u>	<u>M</u>	<u>F</u>
0 - 1 YEAR	-	-	-	-
1 - 5 YEARS	1	-	-	-
5 - 15 YEARS	2	1	-	-
15 - 45 YEARS	3	8	-	-
45 - 65 YEARS	5	4	1	-
65 YEARS AND OVER	5	-	-	-
TOTALS	<u>16</u>	<u>13</u>	<u>1</u>	<u>-</u>

	<u>MALES</u>	<u>FEMALE</u>	<u>TOTAL</u>
NEW CASE RATE PER 1000 OF POPULATION	0.31	0.26	0.57
MORTALITY RATE PER 1000 OF POPULATION	0.02	-	0.02

CASE RATES AND MORTALITY RATES PER 1,000 OF POPULATION  
IN THE SIX COUNTY DISTRICTS IN HEALTH AREA NO. 7 - 1956.

<u>DISTRICT</u>	<u>NEW CASES</u>	<u>ALL KNOWN CASES AS AT 31.12.56.</u>	<u>DEATHS</u>
ST.GERMANS R.D.	0.25	6.83	-
LISKEARD R.D.	0.50	5.50	0.07
SALTASH M.B.	0.80	7.34	-
TORPOINT U.D.	0.88	9.15	-
LISKEARD M.B.	0.46	9.28	-
LOOE U.D.	1.34	7.80	-
HEALTH AREA NO. 7.	0.57	7.08	0.02
CORNWALL COUNTY	0.63	-	0.11

APPENDIX 6.

CANCER OF THE LUNG AND BRONCHUS - 1956

DEATHS BY AGE GROUPS AND SEXES

<u>AGE GROUP</u>	<u>MALES</u>	<u>FEMALES</u>
15 - 45	1	1
45 - 65	9	1
65 - 75	3	1
75 AND OVER	3	3
TOTALS	<u>16</u>	<u>6</u>

LUNG CANCER RATE PER 1,000 OF POPULATION

	<u>MALES</u>	<u>FEMALES</u>	<u>TOTAL</u>
HEALTH AREA NO.7	0.314	0.118	0.432
CORNWALL COUNTY	0.224	0.027	0.251
ENGLAND & WALES	0.349	0.058	0.407



ST. GERIANS RURAL DISTRICT COUNCIL.

PUBLIC HEALTH INSPECTOR'S REPORT.

YEAR 1956.

WATER SUPPLY:

As for the last twenty years the Council's Water Undertaking has played a major role in the general progress which is continually being made throughout the district with regard to the development of other public services such as the erection of new houses and construction of sewerage facilities and it is due to the existence of such a comprehensive system of supply that the Council are in a position to proceed with the provision of these amenities which are rapidly bringing the standard of Public Health services administered by the Council up to a point where they compare more than favourably with those of the larger Municipal Authorities throughout the country.

With the demand for water constantly increasing, however, the time has been reached when the quantity available is not sufficient to meet peak summer demands and at the present time negotiations are in progress between the South East Cornwall Water Board (of which the Council is a constituent member) and the Liskeard Joint Water Board with a view to the latter supplying water surplus to their requirements to the South East Cornwall Water Board for distribution in the Council's area.

Providing an acceptable arrangement to both Boards can be arrived at this would appear to be the solution to the problem for many years to come but it is to be hoped that the formation of an all purpose Board, as has been mooted by the Ministry of Housing & Local Government, to achieve the same object will not materialize as this will no doubt have the effect of removing from the Council's control the whole of their Water Undertaking of which they have been so proud for many years. Such a move can only lead to the setting up of a separate water administrative body probably responsible for the whole of South East Cornwall. This without doubt will lead to increased water charges throughout the area and the loss of the personal contact between the consumer and the Council which exists at present and is such an essential principle of Local Government, one so often overlooked by those in high office who have been appointed to decide as to its future.

During the year a total of 62 additional connections have been made to the mains, 29 for domestic purposes, 23 for trade, and 10 for trade and domestic needs, and it is pleasing to report that the 300 yards of main at Callington mentioned in last year's Report as outstanding have now been laid resulting in the completion of the Mains Renewal Scheme approved by the Ministry four years ago. It can now be said that Callington has a completely up to date distribution system which should be more than adequate to meet requirements for the next fifty years.

Other Schemes undertaken are as follows.

The renewal of:-

- (a) 410 yards of 3" Watermain at Glentor, Kelly Bray.
- (b) 80 yards of 3" Watermain at Devonport Hill, Kingsand.
- (c) 217 yards of 2" Watermain at Kiln Road, Polbathic.



The extension of:-

- (a) 270 yards of 3" Watermain to East Burraton, St. Dominic, to serve seven cottages.
- (b) 170 yards of 1½" Watermain to Weir Head, Gunnislake, to serve six occupied cottages.

In both instances the premises served relied upon unsatisfactory Wells for their supply and the installation of the mains has brought about a most welcome improvement.

The total quantity of water now supplied is in excess of 535,000 gallons per day.

#### SEWERAGE AND SEWAGE DISPOSAL:

It is rather disappointing to report that although details of Callington Sewerage Scheme have been prepared and submitted to the Ministry at the end of last year, authority to proceed to tender was delayed until mid-November with the result that no work could be undertaken. It is hoped, however, that a tender will be accepted in February 1957 and subject to no unforeseen difficulty this will mean that this project should commence before mid-summer.

As was envisaged, the second stage of the St. Germans Village Scheme was completed according to schedule and at the time of writing the Estate and private property owners are making rapid strides with the construction of water carriage drainage systems to connect to the new sewers. With such progress it can definitely be anticipated that within the space of a few months the whole Village will be on the main sewer, which has been awaited for so many years.

At Lower Metherill improvements were made to the existing Outfall Tank and 68 yards of new effluent sewer have been laid to replace the crudely constructed Filtration Gutter which for a number of years had been the cause of a nuisance. The completion of this work has effected a great improvement and resulted in the final effluent from the tank being disposed of in a much more satisfactory manner.

Further progress was made towards the provision of a modern disposal plant to cater for the sewage from twenty-five houses at Cross, St. Dominic. This scheme, costing approximately £1,000, being already in an advanced state of completion.

The refusal of the Duchy of Cornwall to permit the discharge of surplus water into Drakewalls Mine resulted in further discussions between the County Council and this Council in connection with Gunnislake flooding and it was eventually agreed to abandon the scheme to use the North Leat and in lieu thereof construct a 24" diameter foul and storm water culvert a distance of 266 yards from a collecting chamber at the rear of the School to the main road at the front of Bonds Hotel. The estimated cost of this proposal being £2,630 it was suggested that the two Authorities bear an equal share and subject to the formal approval of the County Council work will it is hoped commence during the coming year. The new culvert when constructed will replace the existing inadequate 9" foul water sewer and bring about an immense improvement to the sewerage system to that part of Gunnislake affected by the Scheme.

In November in order to relieve the immediate position improvement works were undertaken to the existing sewers at the junction of Newbridge Hill with Commercial Street, new 15" concrete pipes being



installed to replace broken and obstructed walled and pipe sewers laid some hundred years ago, and it is pleasing to report that with the heavy rains that have occurred since for the first time for many years no flooding has taken place at Bonds Hotel which proves that the work so far undertaken has been a complete success.

The demand on the services of the Cesspool Emptying Machine continues to increase and during the twelve months ended 31st December, 1956, 68 private disposal plants were cleansed as follows:-

St.Germans R.D.Area	41
Liskeard R.D.Area	10
Launceston R.D.Area	3
Saltash Borough	10
Looe U.D.C.	4

This involved the removal of 100 loads of sewage, to which must be added 106 loads taken from the Council's Works. Experience shows that with the purchase of this machine the Council made a very progressive step to facilitate the efficient maintenance of their Sewage Disposal Plants scattered throughout the district and it has become very apparent that conditions have vastly improved since the machine has been in operation.

Other schemes undertaken in 1956 were the construction of 100 yards of 6" sewer in Zaggy Lane, Callington, to serve a new building estate and the dredging, in collaboration with the Cornwall County Council, of the bed of the stream at the outlet to the culvert on The Parade, Millbrook, to relieve flooding which has been an annual occurrence for many years.

#### REFUSE COLLECTION AND DISPOSAL:

The service provided by the Council in this connection continues to function smoothly and as time passes so the demand for collections increases with the result that although every effort is made to keep costs at a fixed level it has been found impracticable to do so in spite of the complete reorganization which has been undertaken in the past five years resulting in the introduction of additional tips to keep travelling to the minimum and a reduction of staff. In practice immediately a saving has been effected in one direction it so happens that the price of fuel or wages is increased to offset it in another. A rather disturbing procedure but truly in keeping with the times.

The Tip at Target, Callington, is fast filling up and the Council are endeavouring to purchase waste land immediately adjoining. If successful it will mean that with the culverting of the stream forming the boundary between the existing tip and the one proposed tipping will be able to be continued so that within the next ten to fifteen years approximately three acres of land will have been reclaimed from what is now a swamp, and it might well be that when completed the whole area could be developed as a Recreation Centre for the Town.

At Millbrook, despite complaints from a small minority, tipping at the Millpond continues and already quite an appreciable area has been filled in. Assuming the same rate of fill continues for the next five years it would appear, as in the case of Callington, that an area will be ready for laying out as a Playing Field.

The Tip at Trewin Quay continues to serve a useful function and



at the year end negotiations were in progress with the Duchy of Cornwall for the Council to take over Drakewalls Mine, where the Shaft is purported to be at least 300 ft. deep, as a disposal dump for the Parish of Calstock, in order to bring about a considerable saving in transport and time conveying the refuse to Callington.

Generally speaking it can be said that the maintenance of all the Council's Tips during the year was satisfactory.

#### PUBLIC CONVENIENCES:

No additional conveniences were erected but those at Gunnislake, Calstock, Callington, Donderry, Portwrinkle, Cremyll, Millbrook, Kingsand and Cawsand, were painted and redecorated.

According to the Penny-in-the-Slot returns the need for the twelve conveniences in the places mentioned is well justified but apart from the possibility of a structure at Seaton it would not appear that additional public conveniences are required elsewhere.

#### MEAT AND OTHER FOODS:

In this particular field of Public Health attention was focused chiefly on meat inspection and as will be apparent from the schedule below 2126 carcasses were inspected in the three Slaughter-houses in the district.

	Cattle Excluding Cows	Cows	Calves	Sheep & Lambs	Pigs	Horses
Number killed (if known)	394	58	35	1019	620	Nil
Number inspected	394	58	35	1019	620	Nil
<u>All diseases except Tuberculosis &amp; Cysticerci</u> Whole carcasses condemned	1	-	2	11	2	Nil
Carcasses of which some part or organ was condemned	86	26	3	60	23	Nil
Percentage of the number inspected affected with disease other than tuberculosis and cysticerci	22.1	44.8	14.3	6.9	4.0	Nil



	Cattle Excluding Cows	Cows	Calves	Sheep & Lambs	Pigs	Horses
<u>Tuberculosis only:</u> Whole carcasses condemned	Nil	Nil	Nil	Nil	1	Nil
Carcases of which some part or organ was condemned	11	7	Nil	Nil	37	Nil
Percentage of the number inspected affected with tuberculosis	2.8	12.1	Nil	Nil	6.1	Nil
<u>Cysticercosis</u> Carcases of which some part or organ was condemned	4	1	Nil	Nil	Nil	Nil
Carcases submitted to treatment by refrigeration	4	1	Nil	Nil	Nil	Nil
Generalised and totally condemned	Nil	Nil	Nil	Nil	Nil	Nil

Inspection of other foodstuffs during 1956 resulted in the voluntary surrender and condemnation of:-

30 lbs. Tinned Fruit.  
1 lb. 13 ozs. Tinned Peas.  
18 lbs. Tinned Meat.  
6 packets Fish Cakes.

As in past years inspections have again been carried out on behalf of Saltash Borough Council during the absence of their Inspector, once again emphasizing the good relationship which exists between the two Authorities.

Forty-one Food premises received visits from the Council's Inspectors under the provisions of the Food Hygiene Regulations comprising twelve Butchers Shops, twenty General Provisions Shops, three Fish and Chip Shops, three Bakeries and three Cafes.

Generally speaking the standard of cleanliness was satisfactory but it was found necessary in twenty cases to require works to be carried out in order that the premises should comply with the regulations.



The inspection of the remaining Food Premises in the district is proceeding.

The number of registered Food Premises under Section 16 of the Food and Drugs Act, 1955, is as follows:-

Sale of Ice Cream	63
Manufacture of Ice Cream	3
Manufacture of Sausages	1
Manufacture of Pressed Meat	1

and of these 22 have been visited.







